PTO/SB/17 (12-04)

Approved for use through 07/31/2006. OMB 0651-0032

Date: May 18, 2005

Utility 300 150 500 250 200 100 Design 200 100 100 50 130 65 Plant 200 100 300 150 160 80 Reissue 300 150 500 250 600 300 2. EXCESS CLAIM FEES Fee Description Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent 50 25 Each independent claims over 3 or, for Reissues, each independent claim more than in the original patent 200 100 Multiple dependent claims Total Claims Extra Claims Fee (\$) Fee Paid (\$) Multiple Dependent Claims Total Claims Extra Claims Fee (\$) Fee Paid (\$) Multiple Dependent Claims HP = highest number of total claims paid for, if greater than 20 0 0 Indep. Claims Extra Claims Fee (\$) Fee Paid (\$) 1 - 3 or HP = 0 x 0 = 0 HP = highest number of independent claims paid for, if greater than 3 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) Fee Paid (\$) Fee Paid (\$) Fee Paid (\$)	ADEMI						ss it displays a valid OMB
FEE TRANSMITTAL For FY 2005 First Named Inventor VIJICHI MAKINIO ET AL. Examiner Name David H. Bollinger Art Unit 3853 TOTAL AMOUNT OF PAYMENT (sheek all that apply) METHOD OF PAYMENT (check all that apply) METHOD OF PAYMENT (check all that apply) Check Credit Card Money Order None Other (please identify): Deposit Account Deposit Account themer: 06-1205 For the above-identified deposit account, the Director is hereby authorized for (check all that apply) Charge any additional fee(e) or underpayments of fee(e) under 37 C.F.R. 1.6 and 1.17 WARNING: Information on this form by become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. FEE CALCULATION 1. BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES Small Entity Small En		Effective on 12/08/2/	2004			Complete if	Known
For FY 2005 First Named Inventor YUICHI MAKINO ET AL.	Fees pursuant	Application N	Application Number 10/		10/702,546		
Applicant claims small entity status. See 37 C.F.R. 1.27 TOTAL AMOUNT OF PAYMENT (\$) 0.00 Attomey Docket No. 01306.000072.1 METHOD OF PAYMENT (check all that apply) Check Credit Card Money Order None Other (please identify): Deposit Account Number: 06-1205 Deposit Account Number: 106-1205 Deposit Account Number: 11205 Deposit Account Numbe	FE	Filing Date		November 7, 2003			
Applicant claims small entity status. See 37 C.F.R. 1.27		First Named	First Named Inventor		YUICHI MAKINO ET AL.		
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Check Credit Card Money Order None Other (please identify): Deposit Account Deposit Account Number: 06-1205 Deposit Account Name: Eltzpatrick, Cella, Harper & For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Credit any overpayments Credit any overpayments Fee(s) indicated below. except for the filling Credit any overpayments FEE CALCULATION 1. BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES Small Entity Application Type Fee (\$) Fee (\$				Attorney Doc	Ket No.	01306.000072	·· I
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Name (Print/Type) | Lawrence A. Stahl

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:)	
	:	Examiner: David H. Bollinger
YUICHI MAKINO, ET AL.)	_
	:	Group Art Unit: 3653
Application No.: 10/702,546)	•
	:	Confirmation No.: 8246
Filed: November 7, 2003)	
	:	
For: SHEET CONVEYING APPARATUS)	May 18, 2005
AND ORIGINAL DOCUMENT	:	
PROCESSING APPARATUS)	
(AS AMENDED)	:	

Mail Stop Amendment COMMISSIONER FOR PATENTS P.O. Box 1450 Alexandria, Virginia 22313-1450

AMENDMENT

Sir:

In response to the Office Action mailed March 3, 2005, Applicants submit the following amendments and remarks.